

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved
Budget Bureau No. 49

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT--" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. LEASE DESIGNATION AND SURFACE Jicarilla 481	
2. NAME OF OPERATOR Union Oil Company of California		7. UNIT ASSIGNMENT NAME Jicarilla	
3. ADDRESS OF OPERATOR P. O. Box 2620 - Casper, Wyoming 82601		8. FASH OR JOB NAME Jicarilla	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 783' FNL & 2310' FWL		9. WELL NO. 1-020	
14. PERMIT NO.		10. FIELD AND POOL, OR TRACT Wildcat	
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 7299' GL		11. SEC., T., R., N., OR BLM. AND SURVEY OR AREA Sec. 20, T.28N., R.1W.	
		12. COUNTY OR PARISH	13. STATE New Mexico
		Rio Arriba	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	FULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)		Supplementary Well History	<input checked="" type="checkbox"/>

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Spudded 13-3/4" hole at 5:15 p.m. 9-1-73.

Ran and cemented 16 joints and 1 piece (400') 10-3/4", 32.50#, J-55, 8RD, ST&C used casing at 414' with 250 sacks regular 4% gel cement with 2% calcium chloride mixed at 16.1#/gallon. Bumped float O.K. Job complete at 1:00 p.m. 9-2-73. W.O.G. Nippled up casing and B.O.P. Tested B.O.P. and casing to 1000#/1/2 hour, O.K. Drilling. Incomplete. Cement circulated to surface O.K.

18 printed

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SEP 6 1973

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.

18. I hereby certify that the foregoing is true and correct

SIGNED R. G. Ladd, Jr. TITLE District Drilling Supt. DATE 9-4-73

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

~~DURANGO OFFICE COPY~~

*See Instructions on Reverse Side

CONFIDENTIAL

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